PART B - FEE(S) TRANSMITTAL

ma send this form, together with applicable fee(s), to: Mail Complete

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

(571) 273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. So further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless for real solutions of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee normal separate separate "FEE ADDRESS" for maintenance fee normal separate s

22850

7590

09/15/2005

Note: A certificate of mailing can only be used for domestic mailings of the
Fee(s) Transmittal. This certificate cannot be used for any other accompanying
papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.
have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

22850						(Depositor's name)			
	2200	J			-			(Signature)	
3) 	-		-					(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/657,213				Tadashi Kobayashi		11/	242033US3 DIV 9104 11/18/2005 MDANTE2 00000010 10657213		
TITLE OF INVENTION: G	AS TURBINE PLANT				in an legal de deserva		FC: 1501 FC: 1504 FC: 8001	1400.00 OP 300.00 OP 30.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FE		EE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	00		\$300		\$1700 12/15/2005		
EXAMINER AR		ART UN	NIT CLASS-SUBCLASS		ss]			
CASAREGO	CASAREGOLA, LOUIS J		5	060-728000		-			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (a) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) KABUSHIKI KAISHA TOSHIBA (1) the names of up to 3 registered patent attorneys or agents oR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. (2) the names of up to 3 registered patent attorneys or agents oR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. (3) NEUSTADT, P.C. 8 NEUSTADT, P.C. 8 NEUSTADT, P.C. 8 NEUSTADT, P.C. 8 NEUSTADT, P.C. 9 PLEASE NOTE: Unless an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) KABUSHIKI KAISHA TOSHIBA									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🌂 Corporation or other private group entity 🚨 Government									
4a. The following fee(s) are	p. Payment of Fee(s):								
Issue Fee	A check in the amount of the ree(s) is enclosed.								
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).								
5. Change in Entity Status	•	•							
a. Applicant claims S	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issi ublication Fee (if required) vords of the United States Pat-	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if any) d from anyone ot Office.	or to the	e-apply any an the applica	previous int; a reg	ly paid issue fee to the applications and attorney or agent; or t	ation identified above. he assignee or other party in	

Authorized Signature Typed or printed name Joseph Scafetta. Jr.

NOV 1 6 2005 Date

Registration No.

Reg. No. 26,803

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.